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AUTHOR Denton, Roy T.: Green, Donald
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ABSTRACT

Patterns of successful and unsuccessful resolution of grief over death of a child were studied in 25 families who had lost children across an 11-year-span. The families varied considerably in age, income, education, and parental occupation. Data were gathered by means of an intensive, open-ended interview schedule. The research focused on two questions: (1) what processes seem to need to occur within the family for successful replacement of a child? (2) what are the effects on the new child if these processes are unsuccessfully resolved? Whether replacing the child helps or hinders the family system is intimately bound to grief resolution by parents, siblings, and supportive systems. The tasks of resolving anger and guilt, accepting the death of the child, and forming a new steady state within the family were determined by parents' personality structure, past experiences, circumstances associated with the loss, and the pressures exerted on parents from the systems of which they were a part. Essentially, acceptance of the new child depends on parents' adequately resolving their grief and developing new communicational and relationship patterns in the family. (Author/DB)

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Roy T. Denton, Ph. D.
University of Southern Mississippi
School of Social Work
Box 9212 Southern Station
Hattiesburg, Ms. 39401

and

Donald Green, M. A.
Department of Social Science
Gulf Coast Junior College
Biloxi, Ms. 39531

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The Replacement Child: Substitution of a Lost Family Member

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Following the death of a child, parents have been reported as going directly to adoption agencies, "requesting an eight-year-old, thin, blue-eyed, blond boy to replace their dead eight-year-old, thin, blue-eyed, blond boy" (Cain & Cain, 1964). Sparse references in different disciplines indicate that many parents do attempt to "replace" or "substitute" a new child for one that has died (Cain & Cain, 1964; Cain, et.al., 1964; Friedman, 1963; Pollock, 1970; Bermann, 1973; Tooley, 1975; Pozmanski, 1972; Szybist, 1976).

The traumatic loss of a child inexorably disrupts the family systems' steady state, alters the parents' and siblings' model of the world, and changes their furturistic expectations based on their model of the world. Whether parents choose to re-establish the family balance by adding another member through procreation, formal adoption, informal adoption, or by shifting the dead child's roles to a sibling, two central concerns appear to dictate a positive outcome for the family and the child. First, what processes seem to need to occur within the family for successful replacement? Secondly, what are the effects on the new child if these processes are not successfully resolved?

It was the attempt to answer these questions which precipitated the research conducted by the authors. Twenty-five families who had lost children across an eleven year span were interviewed intensively utilizing an open-ended schedule. There

was considerable variation in the age, income, education, and occupation of the parents. Age of the children at the time of death ranged from stillbirth to eighteen years, while causes of death were multi-varied. Most of these parents had chosen to replace, and they believed that replacement was a good step toward recovery. The three most frequent reasons for not replacing were age of parents, medical problems, and presence of other young children. No correlation was found between the decision to replace and any of the basic social demographic variations.

Whether or not replacement of a child is a help or hinderance to the family system is intimately bound to the resolution of grief by the parents, siblings, and supportive systems. Consistent with the literature on dying, this research indicated that the tasks of resolving the anger and guilt, abandonment of hope of regaining the lost child, and the loosening of emotional bonds allowing for the formation of a new steady state within the family were determined by the parents' personality structure, past experiences, and circumstances associated with the loss, and the pressures exerted on them from the systems of which they were a part. Compounding the resolution of grief is three failures; (1) their felt failure at protective child-rearing, (2) their failure of meeting societal expectations regarding parenting, and (3) their failure to bring about a renewed steady state by means of denial.

Following the painful experience of child loss, parents

frequently manifest behaviors (depression, nightmares, hallucinations, violent behaviors) considered to be extreme from the person's normal pattern including social, psychological, and physical dimensions and having influence upon the parents' future orientation, parental interaction system, friendship system, employment system and religious beliefs. While this "extremism phenomenon" may endure from one day to six months for most parents, most regain their previous pattern of functioning. Continuation of the extremism phenomenon is detrimental to re-establishment of a functional family steady state.

Reception of a new child into the family system as a unique individual with a right to his/her own identity and place depends not only upon the satisfactory resolution of the extremist phenomenon, but also upon the resolution of the "anniversary phenomenon". Anniversaries of the child's death, birthday, or holiday considered special to the family, serve as an activator of underlying emotional conflicts which produce a multitude of reactions. There seems to be an unconscious calendar which illicits certain behaviors from parents regardless of their conscious awareness. For a new child entering the family, these reactions frequently hold the meaning of their being "second choice".

If these grief processes can be satisfactorily resolved, it is likely that the family will be able to develop a functional family balance.

The establishment of a new steady state entails a process

comprised of four pseudo-stages (these stages are not mutually exclusive nor necessarily linear in progression). The stages include acceptance of the finality of the death, loosening of emotional bonds, altering models of the world, and setting up new communicational and relationship patterns.

In this progression, any mental energy or behavioral patterns directed towards the dead child in hopes of regaining the previous steady state is predestined to be disconfirmed. As disconfirmation occurs, there is loosening of the emotional bond to the dead child and the breakdown of old relational and communicational networks and the evolvement of new patterns. As behavioral and mental (emotional) patterns are altered, the system begins to open itself to new influences. Altering of the parents' model of the world takes place as they form new self-identities. This entails the rearrangement of mental associations which will refer to the child in past tense. The altering of future oriented behavior does not only open the system to new influences, but also entails the parents being initiators of new influences and goal directed behavior.

Functional replacement begins when the parents have adequately dealt with these tasks. Having a new child helps the parents to begin rebuilding their self-images, fulfill futuristic plans, and relieve the societal pressure of the procreative function. However, those attempts to replace the lost child with one that has the same physical and psychological characteristics is dysfunctional to the new child; hence detrimental to the family.

In cases such as this, the parents have not made the alterations in their model of the world. Upon entering the family system, the replacement child is expected to fulfill a preconceived position within the family, along with the dead child's patterns of behavior. The inability of the child to react to the system in the same manner as his predecessor and hence, incurring the system's altered counteractions, throws the system into a state of disequilibrium.

Children which are born into an environment of mourning and prolonged bereavement may be overprotected by fearful parents and may be kept from developing a healthy self-identity because of the unavailability of psychological space that is not tinted by images of the dead child. These children may be subjected to daily or weekly trips to the grave, photographs of the dead child in all rooms of the house, and incessant stories of their dead sibling.

The identification that replacement children sometimes develop with the dead child is so complete that many times they are afraid to have birthdays that are nearing the age at which the previous sibling died; they are convinced that they will die upon reaching the same age as the deceased. Furthermore, the incursion of the dead child upon the replacement's psychological space is so intense in some cases that the dead child actually lives through the replacement child. This phenomenon is exemplified by the following quotes from replacement children: "I have to ask my two sisters' (one of them having died years before);

or "my brother is having a birthday party next week (referring to a sibling who had died two years before the replacement child's birth)".

Both of these cases exemplify the failure of the parents to alter their model of the world in which the dead child's representation is changed from present to past tense. Also demonstrated is the replacement child's model of the world with a dead sibling filling an active-present tense position. When a replacement child is placed in an environment in which he/she is living in the shadow of a dead child, as merely a second choice, instances of emotional, mental, and behavioral problems are the norm instead of the exception.

The imposed identity and expectations by parents upon the replacement can cross sex-role boundaries and even be applied to children of differing ages. This practice by parents is in contrast to the assumption of many adoption agencies who think that if parents replace with a child of opposite sex or different age, that many of the risks of dysfunctional replacement are alleviated.

In many cases a surviving sibling is assigned the roles of the dead child. These children are expected to carry the burden of the loss for the whole family and to preserve the family peace by accepting the guilt for unacceptable impulses of the family. The child cannot adequately maintain his/her self-identity because he/she is forced to respond within the system in ways which are contradictory. If the child responds to the system based upon his/her usual patterns which exemplify his/her

model while being expected to respond in the characteristic manner of the dead child, he/she is placed in a double-bind.

The desision to have a replacement child is a very difficult one for most parents. The three reasons for having a replacement seen most often by the authors that lead to problems are: "We need another child to take our minds off the one we lost"; "We had plans for our child already made and now we will have another just like him/her to fulfill those plans"; and "I have needed to have another child to save my marriage".

The first reason for replacing exemplifies the parents' refusal to work through the death and make the needed alterations in their lives. Recently a couple made numerous statements about how God had given them twins so that they could have one new child and at the same time have their little Jennie back (the name of the dead child). The second reason for replacing shows a failure on the part of parents to alter their model of the world in reference to future orientation. Finally, the third reason for replacing exemplifies a major loss of communication and fundamental weakness in the basic system.

When counseling couples on the feasibility of having a replacement child, the major factors to consider at the beginning are: (1) have the parents lost all hopes of regaining the dead child? (2) have they loosened the emotional ties enough to let new objects enter their lives? and (3) have they adequately rearranged their model of the world which places the dead child in the past instead of present tense?

Within these broad concerns, some specific assessment cues are available. Have the parents resolved the extremism phenomenon sufficiently to have regained a stability equal to or better than that existing prior to the death of the original child; i.e. are there still psychosomatic problems, social isolation, work changes, or morbid pre-occupation with the death? How are any other children in the family adapting to the new family system? Frequently, the inability of the parents to help the dead child's siblings deal with the death leads to behavioral and psychosomatic problems in these siblings. The worker must consider carefully the expressed motives of the parents to have another child. Specifically, the desire to use a child for system stabilization will be detrimental to the child and the system. Finally, what are the support groups available to the family? Following the death of the child, parents have found themselves unable to relate to extended family, friends, or religious organizations due to the discomfort in these groups with the death. Have these ties or new ones been re-established? Negative answers to any of these questions will indicate a continuing family system dysfunctioning which will adversely effect any new child entering the system.

Successful replacement, then, is inexorably tied to the successful resolution of grief by parents and siblings prior to the introduction of the new child into the home. Parents have consistently stated the need for empathetic counselors and self-help groups composed of other parents who have lost children

to help in this process. For the professional worker encountering parents who wish to replace, three tasks are apparent: first, development of skills in grief resolution; second, mobilization of self-help groups of parents which will be ongoing; and third, working toward the re-establishment of a functional family steady state prior to the introduction of the new child.

References

Bermann, Eric.
1973 Scapegoat. Ann Arbor: University of Michigan Press.

Cain, Albert and Barbara S. Cain.
1964 "On replacing a child." Journal of the American Academy of Child Psychiatry 3:443-457.

Cain, Albert et.al.
1964 "Children's disturbed reactions to the death of a sibling." American Journal of Orthopsychiatry 34:741-752.

Friedman, Stanford et.al.
1963 "Behavioral observations on parents anticipating the death of a child." Pediatrics 32 (October):610-625.

Pollock, George.
1970 "Anniversary reactions, trauma, and mourning." Psychoanalytic Quarterly 39 (July):347-371.

Pozmanski, Elva Orlon.
1972 "The replacement child: a saga of unresolved parental grief." Journal of Pediatrics 81 (December):1190-1193.

Szybist, Carolyn.
1976 The Subsequent Child. Chicago: National Sudden Infant Death Syndrome Foundation.

Tooley, Kay.
1975 "The choice of a surviving sibling as 'Scapegoat in some cases of maternal bereavement—a case report'." Journal of Child Psychology and Psychiatry 16:331-339.